

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03.OCT 17 AM 9:39

DOCUMENT # N42230

1. Corporation Name

HARVEST TIME MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

HARVEST TIME MINISTRIES
9340 N FLORIDA AVE. STE I
TAMPA FL 33604

HARVEST TIME MINISTRIES
9340 N FLORIDA AVE. STE I
TAMPA FL 33604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1991

5. FEI Number

59-3059440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOYD, DAVID A	24410 CROSSCUT RD	LUTZ FL 33549
VPD	BOYD, HARRIET B	24410 CROSSCUT RD	LUTZ FL 33549
TD	GREEN, CURTIS	5809 LANGSTON DR	TAMPA FL 33619
AT	SIMS, RAMONA	5314 WHITEWAY DR	TEMPLE TERRACE FL
S	NEAL, ARTHUR	4202 E 97TH AVE	TAMPA FL
AS	MOORE, EVELYN	3822-C RIVERHILLS DR	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEAL, ARTHUR M
4202 E 97TH AVE
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Arthur M Neal
REGISTERED AGENT MUST SIGN

Date

10/13/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Arthur M Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

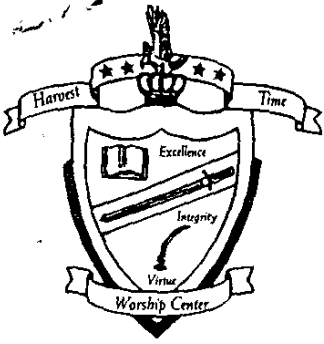
Date

10/13/03

Daytime Phone #

(813)
932-8585

CR2E040 (7/03)



HARVEST TIME MINISTRIES, INC. and WORSHIP CENTER, INC.

"The harvest truly is plenteous, but the labourers are few;
pray ye therefore the Lord of the harvest, that He will
send forth labourers into His harvest."

— Matthew 9: 37-38

PASTORS / FOUNDERS

David A. Boyd,
Th.D., Ph.D.

Harriet B. Boyd,
M.Ed., Ph.D.

BOARD OF DIRECTORS

Curtis C. Green
Treasurer
Ramona Sims
Assistant Treasurer
Arthur M. Neal
Secretary
Evelyn Moore
Assistant Secretary

CHRISTIAN LAW ASSOCIATION

David Gibbs III
Attorney

10/13/2003

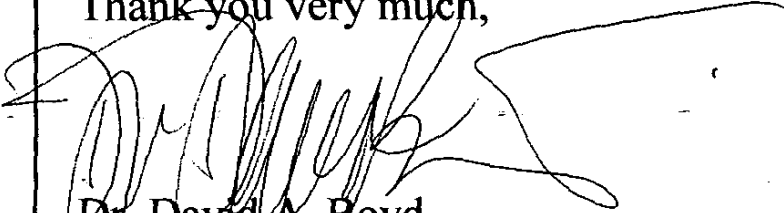
TO: Florida Department of State
Division of Corporation

FROM: Harvest Time Ministries Inc.

To Whom It May Concern:

This is to certify that the Harvest Time Ministries
Inc. did not receive the two U.B.R. notices prior
to filing dates. Please excuse all mix ups.

Thank you very much,


Dr. David A. Boyd
President of Corporation